



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES



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Guidelines for Application Process
National Interest Waiver Request
State of New Hampshire

Application Process:

The request for a National Interest Waiver recommendation from New Hampshire Department of Health & Human Services must contain all of the following information and documentation and must be submitted in a single package with the documents presented in the order they are listed in paragraphs 1-10. National Interest Waiver requests for a Letter of Support, which do not comply with these requirements, will not be considered.

The process of reviewing documentation and providing a letter of support will take 4 to 8 weeks, based on the level of accuracy and completion of documentation.

It will also speed up our review of applications so we recommend applications be assembled as follows.

- Please do not use staples, binders, two sided copies or pages larger or smaller than 8.5 x 11.
- Documents should be placed in the following order, separated by a colored divider page, appropriately labeled with the number in reference to the document being submitted.
- Please be sure to include all documentation that is required.

1. A written request from the physician that the Rural Health & Primary Care Section provide a letter of support for a National Interest Waiver recommendation.
 - Explain why there is an extreme need for your medical services to warrant a letter of support.
 - A statement from the physician that he/she will abide by the requirements set forth by the Code of Federal Regulation (CFR) at 8 CFR Parts 204 and 245 provide provisions of public law and regulations under which framework that a second-preference immigrant physicians may petition for a National Interest Waiver.
 - Must stipulate that he/she will be employed at least 40 hours per week in a clinical patient care setting. "On call" hours and hours spent in an impatient acute care setting may not be included in the 40 hours.
 - An assurance that all patients regardless of method of payment, including Medicaid, Medicare, and ability to pay will be served by the physician asking for the Letter of Attestation in support of a National Interest Waiver.
 - An assurance from the physician that he/she will increase the number of percentage of Medicaid, Medicare, and uninsured patients being treated to level that meets or exceeds the percentage of Medicaid/Medicare and uninsured in the provider's service area.
 - Assurance that he/she will charge patients at the usual and prevailing rates in this area; and use a sliding-discount-to-fee based on the ability to pay of all patients at the facility who are uninsured

- and at or below 200% of Federal Poverty Guidelines. Explain how the sliding-fee-to-schedule is made known to the public at your facility.
- Brief summary of % of services provided to low income and uninsured based on the ability to pay (use of the sliding fee schedule in the last 6 months by the facility).
 - Statements to how the denial of the waiver will affect the provision of medical services in that community.
 - Attach a copy of the slide-to-fee schedule that your facility uses. To be eligible the facility that you work at must have a sliding-fee-to-schedule in place.
2. A detailed written description of the service area, facility or population in which the physician will be working, including documentation of its designation as a Health Professional Shortage Areas (HPSAs), Mental Health Professional Shortage Areas (MHPSAs), Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs), or a Governor's Emergency Medically Underserved populations (EMUPs) in New Hampshire and the services currently being provided.
 3. Physician's Curriculum Vitae and letters of recommendations.
 - A letter from the board of medicine that he/she is licensed in good standing in NH.
 - Provide a photocopy of your current medical license from the NH Board of Licensure, must indicate expiration date.
 - Copy of your current visa, with picture.
 - Any appropriate letters of recommendations that he/she services are required by and in the interest of community for a National Interest Waiver.
 - Copy(s) of Medical Degrees
 4. A written statement from the physician's malpractice insurance carrier stating any claims made against the physician and the disposition of the claims.
 5. A letter from the medical director of all hospitals at which the physician has privileges delineating the status of the privileges that were granted, when the privileges began and how the privileges may have changed over time along with an explanation for any changes since applying for a J-1 Visa Waiver.
 6. A copy of the physician's employment contract for the practice site for a period of no less than five (5) years.
 7. A copy of the original J-1 Visa Waiver application contract.
 8. Complete the Physician and Employment Site Fact Sheet
 9. Signed Affidavit and Agreement

Department of Public Health Services reserves the right to deny a Letter of Attestation in support for a National Interest Waiver. If support is denied, DPHS will not forward the application to Immigration and Naturalization Service. DPHS does not bear any liability for the denial of support for a National Interest Waiver, which includes, but is not limited to, the consequences arising from any practice arrangements or contracts entered into by the foreign physician or proposed employer before or after requesting a Letter of Attestation from the New Hampshire Division of Public Health Services.

Day-to-day oversight of the National Interest Waiver Program is assigned to the Rural Health and Primary Care Section, within the Division of Public Health Services.

Operational correspondence should go through:

Primary Care Workforce Coordinator
Dept. of Health & Human Services
Division of Public Health Services
Rural Health & Primary Care Section
29 Hazen Drive, 2E
Concord, NH 03301-6504

If you have any questions, please call, (603) 271-2276 or
E-mail: droberts@dhhs.state.nh.us